Effective use of real-life events as training strategy in a nursing degree program for give hope to cancer patients

Abstract

Background.
Patients narratives can facilitate a deeper understanding of the self and others through self-reflection and encourage transformative learning among students.
The use of patient narratives in teaching and learning helps to generate meaning in the classroom and places the patient at the center of the care process.

Aim
To describe a teaching strategy based on the drawing of stories and biographical literature of cancer patients, within a nursing degree program, in order to help students to understand more about the physiological, psychological and spiritual needs of these patients.

Methods
In our nursing degree program, in the teaching session of Nursing and Research, we adopted a training strategy based on the illustration of cancer patients life story, to describe their emotions, feelings, fears, concerns, but also their hopes, in their path-disease, helping students in a reflective analysis for build relational skills to the patient support.
After teaching session, we asked to the II year students to choose one scientific qualitative study within those provided by the teachers, and analyze it, trying to grasp the significant aspects and describe the implications for nursing care.

Results
This training strategy has stimulated the students’ reflective skills. Students showed interest for these aspects, useful for the construction of appropriate competencies.
With this teaching-learning method, students were oriented to consider, not only the disease, but understand the impact that the disease has on the person within the family, in the work and in the social environment, in physiological, psychological and spiritual terms, and then implement care interventions that meets the real needs and hopes of cancer patients.

Conclusions
Implement educational actions such as those described above, encourages students to be more competent and responsive in supporting patients in this particularly difficult situation and to develop the capacity to understand the wholeness of the patient (body, mind and spirit).
The acquisition of basic interpersonal and communication skills with the cancer patient and his family, represent an essential component to improve the quality of nursing care processes and to increase the medical humanities, and thus be able to transform despair into hope.
The cancer patient’s voice has emerged as a powerful tool that helps students to understand connections between the patient experience and professional practice in a meaningful way.

**Key words:** patient cancer, nursing education, teaching-learning strategies, hope, support.

**Introduction**

In healthcare and in nursing education, the value of cancer patients’ views is recognized as extremely important. In our University, in the nursing degree program, lasting three years, the holistic care of cancer patients is recognized within the curriculum and the training includes a deep understanding of the patient’s beliefs. This comprehensive process is not easy for our students. For this reason teachers nursing staff promote an enhance of students understanding of the patient’s story, developing their capacity to comprehend the wholeness of the patient (body, mind and spirit) and understand the power of active listening to establish a good relationship with the patient, with a view of continuous quality improvement of health care.

**Background**

Patient narratives are a fundamental process to contribute to the education of future health professionals. Narratives are a powerful tool that can contextualize and humanize the knowledge required by health practitioners and can facilitate a deeper understanding of the self and others through self-reflection and encourage transformative learning among students (Powell et al., 2013). Qualitative research is a methodology that is strongly focused on the understanding of human experience as it is lived, through the collection and the scrupulous analysis of qualitative, descriptive and subjective materials. (Polit, 2014).

To explore biographies a range of methods have been used, which include experiences, narratives, oral histories, case histories, case studies, autobiography, life story and personal histories (Denzin, 1989) and storytelling (Durgahee, 1997) have been used to encourage reflectivity and empathic understanding in relation to individuals and particular contexts (Read & Spall, 2005).
The use of patient narratives in teaching and learning help to generate meaning in the classroom and place the patient at the center of the care process (Costello and Horne, 2001, Bleakley, 2005). Narrative has been used in healthcare education to enhance self-awareness, critical analysis, cognitive learning and clinical reasoning skills (Schwartz and Abbott, 2007, Marzano and Romano, 2007, Coyle, 2004). There is a growing realization that patients and service users are a rich source of healthcare-related stories that can affect, change and benefit clinical practice (Haigh and Hardy, 2011).

Ironside (2006) illustrated how using narrative as a teaching learning strategy assists students to confront their assumptions and evaluate and understand situations from a variety of perspectives. By recognizing the value of patient-centered approaches to healthcare and encouraging teaching strategies that promote this, educators can highlight the difference between biomedical understandings of pathophysiological processes of a medical condition and the individual patient’s subjective experience of living with that condition (Powell et al., 2013).

The authentic patient voice needs to be central in the training of future health professionals; short stories emphasize the human dimensions of medical and nursing care (Towle et al., 2010).

The phenomenology approach is one of discovery and description, and emphasizes meaning and understanding in the study of the lived experience of individuals (Demir et al., 2008) and translate personal lived experience into consensually validated social knowledge (Coyle, 2004).

Phenomenological research seeks to understand the changing experiences and outlooks of cancer patients in their daily lives, what they see as important, and how to provide interpretations they give of their past, present and future (Polit, 2014; Marzano and Romano, 2007; Fain 2004; Coyle, 2004).

The identification of real life experiences told in a story can facilitate learning, professional development, understanding, and meaning finding and self-exploration and make a case for using story as an aid to learning. Telling stories, sharing stories and writing stories are all powerful
teaching approaches (Read and Spall, 2005); to promote professional identity and healthy behaviours (Haigh and Hardy, 2011).

Jones (1996) suggests in relation to the use of literature in medical education, that it may “... help physicians develop empathy, especially for those who are different from them in gender, race, class, or culture”’ and recognised the need to include patients’ stories of illness.

The use of teaching literature must serve the student to reflect on the real situations experienced by the patient in order to provide effective responses to the needs of such patients in the clinical context (Schön, 2002; Ironside, 2006).

Narrative is included in the living process and it is a spontaneous activity insofar as it is delivered in an appropriate environment.

The narrative approach is brought into the clinical practice as a tool that enables perception and interpretation of the illness process, and as a way for healthcare professionals to incorporate new wording to the interpretative repertoire, thus extending the dialogic, hermeneutic and comprehensive dimension of knowledge and the clinical practice (Koenig and Zorn, 2002; Favoreto and Camargo Jr., 2011).

In this sense, narrative can be a reflexive and transforming educational practice and is considered an active method for learning healthcare professionals. Active teaching and learning methodologies are applied to allow students to build knowledge on real experiences and situations, enabling the development of a critical reflexive vision of the presented content and the autonomy and responsibility for obtaining these knowledges.

The narrative facilitates problem solving approaches to complex but real situations from clinical practice (McAllister et al., 2009).

Schön believed that education of professionals should focus on enhancing their ability to reflect.

There are several definition of reflection: the reflection is an important human activity in which people recapture their experiences, think about them, mull them over and evaluate them. Critical
thinking and reflection are a vital element of professional accountability for nurses and for quality nursing care (Laver and Croxon, 2015).

Jasper (1999) argues that the nursing profession has embraced reflection as a teaching and learning method. Chirema (2007) affirmed that journals are a useful tool for promoting reflection and learning of nursing students and it can be regarded as one teaching and learning strategy that might be useful to students and teachers in the process of facilitating student learning in their practice setting.

The listening, was identified as one of the most important responsibilities of a nurse and the foundation for all other themes. Using stories, as a means for learning requires that students and nurses be open to hearing both the spoken and hidden concerns expressed within the context of the story (Schwartz and Abbott, 2007).

The patient’s or carer’s voice within the palliative care setting has emerged as a powerful tool that helps others to understand connections between the patient experience and professional practice in a meaningful way (Read and Spall, 2005). This is supported by other authors (Coyle, 2004, Cheng, 2009).

The shift from a biomedical model to a biopsychosocial model prompted the recognition that true patient-centered-care involves a meeting of experts, physicians, nurses and other health professional, with biomedical expertise, and patients who are experts on their own personal and cultural backgrounds and their own stories of illness (Towle et al., 2010).

Faculty members’ support for students and the facilitation of the student–patient relationship are helpful (Towle et al., 2010).

Patients feel their experiential knowledge of illness can benefit future health professionals and patients, therefore should be included in medical education. Patients report specific therapeutic benefits such as raised self-esteem and empowerment, development of a coherent illness narrative, new insights into their problems and deeper understanding of the doctor–patient relationship (Towle et al., 2010).
Narrative include the enhancement of partnerships between nurses and patients, being able to identify and work with the limitations of patients and caregivers, the validation of patient experiences, the design of therapeutic interventions congruent with patient needs, and the teaching of principles of equality, patient empowerment and service user involvement (Towle et al., 2010).

In literature, there are several qualitative and quantitative studies that address the issue of pain, especially in oncology, highlighting the relevance for nursing care. Although pain has become recognized in the last years as an avoidable public health problem, chronic pain continues to exhaust many patients, their families, and healthcare professionals, who are demoralized and discouraged. Unrelieved pain has a devastating effect, not only on patients but also on their family. It can lead patients to desire death, and family and caregivers to feel that death would indeed be welcome (Coyle, 2004).

Painful experience in infants should be anticipated and prevented as much as possible (Abdel Razek and Az El-Dein, 2009). Schumacher et al., (2002) coined the term “pain management autobiographies” to reflect the way in which patients wove experiences, beliefs, and concerns together into personal narratives. Cheng (2009) in his phenomenological study conducted with pediatric patients’ and their parents’ to explore their perspectives and experiences, showed that pain was still found to be a horrifically difficult problem for patients with oral mucositis, and it was present despite the use of significant amounts of opioids. Health care professionals have to support the child and his or her parents so that the parents in their turn can support and alleviate the sufferings of their children during oral mucositis.

Narrative highlights how stories can connect to practice and give access to the real world of nursing. The role of the educator can be more concerned with facilitating the exploration of practice rather than just disseminating knowledge (Edwards, 2015).

One of the recurring topics during the classroom discussions was the importance of getting to know the patient’s story and how it impacts the nurse–patient relationship. Key themes related to
storytelling that emerged during the meetings were listening, partnership, reciprocity, and solidarity (Schwartz and Abbott, 2007).

The meaning of hope using a phenomenological approach with a purposeful sample of four patients identified the existence of hope, its nature and meaning (Flemming, 1997).

Spirituality is an important dimensions of the care. The religion is a powerful force for shaping a person’s understanding of breast cancer and the options they perceive they have to be able to respond to the experience.

The primary ways in which religion seems to impact on the experience of breast cancer are by providing particular ways of making meaning out of the experience and enabling effective coping.

Women need time and inner and outer space to begin to work through what the diagnosis means for the way in which they perceive themselves in the world. It may be that at this stage, facilitating and creating space and time for reflection, including religious and spiritual reflection, are as important as medication and medical intervention.

Learning to understand the complicated ways in which religion functions as a system of explanation and coping on an individual level is crucial for understanding how women are actually experiencing their illness (Swinton et al., 2011).

Research has shown that teaching strategies that involve active learning, such as group work and case studies, encourage the development of critical thinking and dialogue, and allow students to comment on, question and scrutinize the contributions of their peers to motivate each other's learning (Jones, 2008; Distler, 2007).

The aim of this study was to describe a teaching strategy based on the drawing of stories and biographical literature of cancer patients, within a nursing degree program, in order to help students to better understand about the physiological, psychological and spiritual needs of these patients.

Methods

The learning context
In our nursing degree program, in the teaching session of Nursing and Research, we adopted a training strategy based on the illustration of cancer patients' life story, to describe their emotions, feelings, fears, concerns, but also their hopes, in their path-disease, helping students in a reflective analysis for build relational skills to the patient support.

Autobiographical stories had been introduced and used to varying degrees throughout the course, particularly in the third module centered on aspects related to loss and change of cancer patients.

The Teaching session in Nursing Research lasted 30 h and took place over a period of two months during the first semester of the academic year. It was attended by 210 second-year nursing students who were all enrolled in the same undergraduate nursing program.

**Nursing Research Course Overview**

The focus of the topic was “Pain and suffering in nursing care: research developments and implications for clinical practice and care”.

The patient understanding could be the starting point for global assistance, which considers mainly the relational aspect, as an element capable of giving meaning to this experience and activate to the extreme of life, resources of health and hope for patients and their families.

Nurses must consider the pain and suffering because they are one of the most central issues in the care. However, despite the existence of knowledge and resources to improve the quality of people life, the resistance to the opioid use and underestimation of pain, emerge as major barriers to pain control.

Suffering arises as permanent problem of the relationship of care, but often it is trivialized and overlooked.

The aim of this teaching strategy based on the patients’ narrative was to get students to gather information from multiple sources and to put it into a cohesive story in order to provide comprehensive, holistic, and individualized care.

The overarching aim of this session was also to encourage participants to use biographies and stories to enhance their understanding of cancer care issues.
Specifically, the aims of this session were to expose students to the reality of personal illness and its impact upon the individual and family; to encourage critical evaluation of the papers and texts in a structured way and to help students to contemplate the potential usefulness of these texts from various perspectives.

**Methodology**

This teaching session focuses and encourages the experiential methodology:

- Use of real clinical experiences, some of them from the literature, and presented to the students in the classroom, bringing in particular phrases, words and expressions used by the patients.

- Convey the meaning of hope of patients and their family, through a phenomenological approach

- Students have the opportunity to express their emotions, thoughts, feelings, fears that reading of patients’ stories led them; furthermore, through the narratives, they are helped to recognize the needs of patients and their families

- During the teaching session, students were asked to reflect on the kind of language used by cancer patients and to identify the changes that the illness elicited in their lives.

- They also analyze the decisions to be taken for caring, considered more responsive to the needs emerged.

- Teachers proposed to students. the reading of several qualitative research papers. Table 1 shows the range of Papers selected and offered to students.

The narrative of real stories have been introduced throughout the course to help students to read and reflect upon the personal impact of serious illness and to understand the importance of the comprehensive relationship and encouraging the exploration of the of narrative implications for professional caring and to help the students to appreciate the value of the autobiographies in relation to qualitative research.

The course is structured in six training modules; the details of this teaching session are presented in Figure 1.

Students are guided by the teachers throughout the teaching/learning process.
Evaluation

Formative assessment is continuous and final; it includes the presentation of a team-work to which are assigned a maximum of 3 points, added the outcome of a written test (multiple choice questions and analysis of parts of the qualitative and quantitative research paper).

On conclusion of the teaching session, a four-point evaluation sheet was distributed to receive a feedback from the students. The questions asked for participants were: 1) How much this teaching methodology was useful for you? 2) How much did you think difficult this training session? 3) How much you feel this learning experience can be helpful to you in clinical practice? 4) As this formative experience increased your understanding of the experience of the patient and his family?

Results

Students presented twenty-two group-work: fourteen groups of students have chosen qualitative studies and eight students group have chosen quantitative studies. All selected articles described the topic of pain in children or in adult patients.

During the teaching session students showed interest for these aspects; the comments of the students were positive, as students felt that the session encouraged more critical analysis and include recognition of the spiritual dimension of patient.

The findings from the evaluation sheets are presented in Table 3. Students felt that the session was enjoyable and they perceived the benefits of this learning opportunity.

Discussion

This teaching/learning strategy have been used to encourage reflectivity and empathic understanding in relation to cancer patients and particular contexts, deepening mainly with the aspects related to pain, as described by Powell et al., (2013) and Read & Spall, (2005).

Our experience about this teaching session is that biographical stories can offer powerful insights into holistic problems, within healthcare and can strengthen and enhance understanding of students.
Use of this teaching approach exposed students to the principles of holistic care across care settings.

In line with the general findings in the literature, the use of narrative and real stories of cancer patients offered to students, ways of cognitively realigning the experience of the patient, thus enabling more effective comprehension of their needs (Schön, 2002; Schumacher, 2002; Coyle, 2004; Cheng, 2009).

Exploratory purpose of the investigation carried out through the evaluation sheets, was to identify component of methodology adopted in this teaching session, aspects related to learning, applied implications in clinical practice, and acquired skills.

Students expressed that the narrative of illness and hospitalization increased their awareness of the patient-centered-care (Costello and Horne, 2001, Bleakley, 2005). This teaching strategy helped them learn about the patient experience, considering the narrative helped them assimilate theory and practice and encouraged them to seek more learning elements (Towle et al., 2010; Favoreto and Camargo Jr., 2011).

We think that with this teaching-learning method, students were oriented to consider, not only the disease, but understand the impact that the disease has on the person within the family, in the work and in the social environment, in physiological, psychological and spiritual terms, and then implement the care to meet the real needs and hopes of cancer patients (Swinton et al., 2011).

**Conclusion**

We feel that patients’ narrative and the story of patients in their own words can provide a useful contribution to nursing undergraduate education, in order to provide comprehensive, holistic, and individualized care.

Students found this to be an interesting learning approach, which aided reflection on the personal meanings of serious illness.
Implement educational actions such as those described above, encourages students to be more competent and responsive in supporting patients in this particularly situation and to develop the capacity to understand the wholeness of the patient (body, mind and spirit)

The acquisition of basic interpersonal and communication skills with the cancer patient and his family, represent an essential component to improve the quality of nursing care and to increase the medical humanities, and thus be able to transform despair into hope.

The cancer patient's voice emerged as a powerful tool that helps students to understand connections between the patient experience and professional practice in a meaningful way.

Literature about real patients story should, and could, be used its effectiveness in clinical practice.

New qualitative studies on the use of narrative at several stages of nursing education may shed further light on the benefits of narrative to better understand the real experiences of students in this teaching process and in clinical practice.

References


